## Glorida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000711273)))



H200000711273ABCU

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE PADAL USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMMONS

MAR 0 4 2020

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

Plorida.	Dad	al USA	114	$\sim$				
1. Name of the I	imited liability company: Fau	ai OSA			<u></u>	<u></u>		
- (")	BISCAYNE BLVD		(b)	323	S 21ST AV			
Princ	cipal office address of limited liability con (Note: MUST BE STREET ADDRESS)				Mailing address (Note: MA)	s of limited liab ' BE POST OF		•
3001N				С				
NORT	H MIAMI BEACH, FL 33:	160		HOLL	YWOOD, FL	. 33020		
04/16/20	019		L	.1900	0104416			
3. D	ate of filing/registration in Florida	1 4	. –		Document i	number	-	
5. (a) MEJ PR	OFESSIONAL SERVICES, I	NC						
` <del></del> _	gent and Registered Office shown on the	records of the Fl	orida l	Dept. of S	State:			
Registered (	Office Address (MUST BE FLORIDA	STREET ADDI	RESS)					
345 NE	194 LN							
MIAMI		, <sub>FL</sub> _33	179				2020	
<sub>(b)</sub> Regis	tered Agents Inc.					<b>是</b> 執	2020 MAR	•
	of NEW Registered Agent and/or NEW	Registered Offic	e add	ress:	<del></del>	•	ယ်	# · · · · · · · · · · · · · · · · ·
7901	4th St N					71 71 211	AM 10: 16	1 1 1
NEW Regis	stered Office Address:					严嘉	<del></del>	4212
STE 30	00			<u></u>		न	δ	
St. Pe	etersburg	FL_33	702	,				
the change or changent will be iden was/were authorized	ility company is not organized und nges are made, the Florida street a tical. Or, in the case of a Florida l zed by an affirmative vote of the m anization or the operating agreeme	ddress of the limited liabili nembers of the	regist ty cor e limi	ered of npany, ted liab	fice and the bu- it is hereby cor ility company o	siness office afirmed that	of the the cha	registere( inge(s)
R	: Luy Tak		Riley	/ Park				
	aber or authorized representative of a mem	hber			Printed or typ	ped name of sig		
I hereby accept to provisions of all s the obligations of to merely reflect of	he appointment as registered agen statutes relative to the proper and my position as registered agent as a change in the registered office ac	it and agree to complete perf s provided for ddress, I here	o act forma in C by co	in this c nce of r hapter ( nfirm th	capacity. I furt my duties, and i 605, F.S. Or, i act the limited i	her agree to I am familia I this docum liability com	comply with it ent is b pany he	y with the and accep eing filed as been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre